

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

88

555

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County.....
(b) City or town.....
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4384 LACLEDE AVE.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community..... 2 YEARS (Specify whether
years, months or days)

3. (a) PRINT FULL NAME ANNA CECELIA BURDIE

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOW
6. (b) Name of husband or wife EDWARD BURDIE 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased SEPT. 8 1860 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 4 10 hr. min.

9. Birthplace CANTON OHIO (City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business.....

12. Name JOHN J. GOODBERLET
13. Birthplace GERMANY (City, town, or county) (State or foreign country)
14. Maiden name MARY SCHWARTZ
15. Birthplace FRANCE (City, town, or county) (State or foreign country)

16. (a) Informant MRS. J. D. PARKHAM

(b) Address 4384 LACLEDE AVE.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 1-20-43 (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter & Paul Cemetery

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd
JAN 19 1943

19. (a) (Date received local registrar) J. F. Brunk (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County.....
(c) City or town ST. LOUIS (If outside city or town limits, write "RURAL")
(d) Street No. 4384 LACLEDE AVE. (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN. day 18
year 1943 hour 11 minute 11.20 M.

21. I hereby certify that I attended the deceased from 1/10/43 to 1/18/43
that I last saw him alive on 1/17/43 and that death occurred on the date and hour stated above.

Immediate cause of death APOPLEXY. Duration 1 WK.

Due to CEREBRAL HEMORRHAGE 1 WK

Due to HYPERTENSION
ARTERIO-SCLEROSIS-GENERAL

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work (Specify type of place) (e) Means of injury.....

23. Signature Carl Smith (M. D. or other) Address 2627 No. Kings Highway Date signed 1/19/43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

2627 N. Kingsbury
12-2

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Stanley Marshall
Licensed Embalmer No. 2868
P. O. Address 3840 Linde

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.